

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066389

1. Entity Name
WIRE LINK SERVICES, INC.

Principal Place of Business
6000 150TH AVENUE N. #80
CLEARWATER FL 33760

Mailing Address
6000 150TH AVENUE N. #80
CLEARWATER FL 33760

2. Principal Place of Business
324 N. Dale Mabry Hwy
Suite, Apt. #, etc.
103

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Tampa
Zip
33609

City & State
Tampa
Zip
33609

4. FEI Number
59-3657641

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHVERMAN, COREY H
6000 150TH AVENUE N. #80
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name
Linda Meyer
Street Address (P.O. Box Number is Not Acceptable)
324 N. Dale Mabry Hwy. Ste 103
City
Tampa, FL Zip Code
33609

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Linda Meyer Linda Meyer 12 June 01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPISEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Meyer	
STREET ADDRESS	324 N. Dale Mabry Hwy, Ste 103	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corey Schiverman	
STREET ADDRESS	324 N. Dale Mabry Hwy, Ste 103	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: Linda A. Meyer 18 Jan 01 8138019550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/
FILED
Jun 21, 2001 8:00 am
Secretary of State

05-18-2001 90013 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)